

PRINTED: 04/22/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER ELON VILLAGE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST HAGGARD AVENUE ELON, NC 27244		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a biennial construction survey done by Bob Getchell on April 7, 2015. Records indicate his facility has been licensed since 1963. The facility is currently licensed for 12 residents. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1987 North Carolina State Building Code Institutional Occupancy. Deficiencies were noted which will require a plan of correction.	C 000	<p>CONSTRUCTION SECTION</p> <p>APR 29 2015</p> <p>RECEIVED</p> <p>Will install not locking hardware</p>	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having doors in the path of egress that could be locked. This would effect all residents by not allowing free egress in an emergency. Findings include: a. The dining room door to the front Living Room Exit has locking hardware.	C 150		
C 153	Exit Door Locks-Single Hand Motion SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	C 153		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6909

08DC21

If continuation sheet 1 of 4

PRINTED: 04/22/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER ELON VILLAGE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST HAGGARD AVENUE ELON, NC 27244		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 153	Continued From page 1 ENVIRONMENT (h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having doors that have hardware that can not be opened with a single motion. This would effect all residents by not allowing free egress in an emergency. Findings include: a. The Exit doors are not all equipped with single motion door hardware	C 153	Will install single motion door hardware on all exit doors	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building housekeeping was not maintained in a safe manner. This would effect all residents by exposing them to unsanitary conditions.	C 166	Will remove all obstacles from all hallways and keep it that way.	

PRINTED: 04/22/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER ELON VILLAGE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST HAGOARD AVENUE ELON, NC 27244			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 186	Continued From page 2 Findings include: a. The walls and ceiling in the open bathroom closet space are covered with mold. Treat surfaces to eliminate the hazard.	C 186	Will seal and paint all areas with mold		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not functioning properly in an emergency. Findings include: a. The fire extinguisher tags indicate that monthly inspections are not being performed per NFPA 10.	C 183	Will perform monthly inspections of all fire extinguishers initial and date on each tag.		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189			

PRINTED: 04/22/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 04/07/2015
NAME OF PROVIDER OR SUPPLIER ELON VILLAGE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST HAGGARD AVENUE ELON, NC 27244			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 189	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building emergency lighting was not maintained in a safe manner. This would effect all residents by not providing illumination for residents to egress safely from the building.</p> <p>Findings include:</p> <p>a. The corridor emergency light is not working.</p> <p>2. Based on observation, the building electrical system was not maintained in a safe manner by allowing residents to use expansion blocks in the outlets. This would effect all residents by potentially overloading electrical circuits in the bedrooms.</p> <p>Findings include:</p> <p>Expansion devices were observed in the following locations: a) first bedroom on right, b) first bedroom on left,</p> <p>3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. The corridor bathroom wall has unprotected penetrations. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.</p>	C 189	<p>Will replace or repair existing emergency light to meet requirements</p> <p>Will install either 4 gang boxes or put in power strips with ground fault switch.</p> <p>Will replace and repair holes in corridor bathroom.</p>		